

**State of Kansas - Review Form - Construction**

Department of Administration, OFPM-DCC

DCC initiates after each request for review submittal. Project A/E responses to comments only in yellow boxes.

DCC Project No. \_\_\_\_\_ Agency Project No. \_\_\_\_\_ State Building Number \_\_\_\_\_

Agency \_\_\_\_\_ Building Name and Project Title \_\_\_\_\_

		Primary Contact	Contact 2	Contact 3
A/E Contact	Name			
	E-mail			
Agency Contact	Name			
	E-mail			

DCC A/E: Barbara Schilling (BS) Diana Hutchison (DH) Ray Smith (RS) Mark Wendland (MW)

Project A/E (name and initials) Include name and initials of all who respond: \_\_\_\_\_

**FIRE ALARM (FA) SHOP DRAWINGS**

Enter response comments only in yellow boxes.		Int.	Date	Action
1				
2				
3				

RR = Response Required NR = No Response Required Resolved = No further response required Unresolved = Further response required.

**FIRE SPRINKLER (SP) SHOP DRAWINGS**

Enter response comments only in yellow boxes.		Int.	Date	Action
1				
2				
3				

RR = Response Required NR = No Response Required Resolved = No further response required Unresolved = Further response required.

**REVISIONS DURING CONSTRUCTION**

REVISED CODE FOOTPRINT

Enter response comments only in yellow boxes.		Int.	Date	Action
1				
2				
3				

RR = Response Required    NR = No Response Required    Resolved = No further response required    Unresolved = Further response required.

# REVISED CONTRACT DOCUMENTS

Enter response comments only in yellow boxes.		Int.	Date	Action
1				
2				
3				
4				
5				
6				

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